



Patient Health Literacy

For UWMC clinicians



Health literacy is the ability to read, understand, and act on health care information. This handout describes the scope and impact of low health literacy. It offers tips on identifying patients with low health literacy and numerous strategies to enhance health literacy.

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Low health literacy is the problem.
Clear health communication is the solution.

Scope and Impact of Low Health Literacy

As many as half of American adults lack sufficient general literacy to effectively understand and execute the medical treatments and preventive health care they need.

- Patients' limited ability to read and understand information translates to poor health outcomes. Health literacy is the single best predictor of health status.
- Patients with limited literacy skills have less understanding of medication instructions and less knowledge about their medical conditions and self-care instructions. One study found that among people with low health literacy skills: 26% did not understand when their next appointment was scheduled; 42% did not understand instruction to take medication on an empty stomach; and 86% could not understand the rights and responsibilities section of a Medicaid application.
- These problems are more common in certain demographic groups such as the elderly, the poor, some minority groups, and recent immigrants.
- The economic consequences of low health literacy are considerable, estimated to cost from \$50 billion to \$73 billion per year. **Clinicians and hospitals can be held liable for adverse outcomes suffered by patients who do not understand important health information needed for diagnosis and treatment.**

Clinician-patient communication problems involved in malpractice lawsuits include:

- Explanation of diagnoses or treatment is inadequate.
- Patient feels ignored or rushed.
- Clinician fails to understand perspective of patient or relatives or discounts or devalues their views.

Identifying a Patient with Low Health Literacy

■ Patients with low health literacy skills struggle to understand basic medical forms and instructions.

The three factors that may provide clues about low health literacy include patient or family member behaviors at the health care setting, their responses to receiving written information, and their responses to questions about medication regimens.

Patient or family behaviors at the health care setting:

- Patient registration forms are incomplete or inaccurately filled out.
- Patients frequently miss appointments.
- There is noncompliance with medication regimens.
- Patients do not follow through with laboratory tests, imaging tests, or referrals to consultants.
- A patient says that he is taking his medication, but lab tests or physiological parameters do not change as expected.

Patient or family responses to receiving written information:

- “I forgot my glasses. I’ll read this when I get home.”
- “I forgot my glasses. Can you read this to me?”
- “Let me bring this home so I can discuss it with my children.”

In responding to questions about medication regimens, patient or family member is unable to:

- Name medications.
- Explain a medication’s purpose.
- Explain timing of medication administration.

■ Patients with low health literacy are difficult to identify and you can’t tell by looking.

Strategies for Enhancing Patient and Family Health Literacy

Create a shame-free environment where low-literacy patients can seek help without feeling stigmatized or embarrassed.

When scheduling appointments:

- Have a person answer your care area's phone, instead of an answering machine.
- Collect only necessary information.
- Give directions to the clinic.
- Help patients prepare for the visit by giving them specific instructions. For example, ask them to bring in all of their medications and a list of any questions they may have.

In the clinic:

- Exhibit an attitude of helpfulness. Encourage your staff to do the same.
- Use clear and easy-to-follow signage.

During check-in procedures:

- Provide assistance with completing forms.
- Collect only essential information.

During the patient and family visit:

- Create a shame-free and nonjudgmental environment. Help patients feel comfortable asking questions. Enlist the aid of others (patient's family, friends) to promote understanding.
- Sit rather than stand.
- Use orienting statements such as, "First I will ask you some questions and then I will listen to your heart."
- Speak slowly. Communication can be improved by speaking slowly and by spending even a short time with each patient. This helps to foster a patient-centered approach to the clinician-patient interaction.

- Use plain, nonmedical language. Explain things to patients as you would explain them to a family member.
- Show or draw pictures. Visual images can improve a patient’s recall of ideas.
- Limit the amount of information you provide, and repeat what you say. Information is best remembered when it is given in small chunks that are pertinent at the time. Repetition further enhances recall.
- Ask patients to explain their understanding of their medical problems and treatments. Use the teach-back/show-me technique: Confirm that patients understand by asking them to repeat back your instructions. Listen carefully to patients so you can confirm their understanding or make corrections, as needed.
- Encourage patients and their family members to ask questions.
- Ask patients and their family members, when appropriate, if they have any concerns that have not been addressed.



Patient demonstrating back to clinician.

Teach-back/Show-me Technique

- **Do not simply ask a patient, “Do you understand?” Instead, ask patients to explain or demonstrate how they will perform a recommended treatment or intervention.**
- **If the patient does not explain correctly, assume that you have not provided adequate teaching. Teach the information again using a different approach.**

When referring patients for tests, procedures, or consultations:

- Review the instructions.
- Provide directions to the location of referral, clinic, or care area.
- Provide assistance with insurance issues.

When providing patients with information and/or prescriptions:

- Routinely review important instructions.
- Provide handouts in an easy-to-read format.
- Use nonwritten modalities or supplement handouts with patient teaching and use of models.

To demonstrate cultural sensitivity:

- Identify the population segments your patients are from. Tailor your messages to incorporate their beliefs and values.
- Use Culture Clues[®], tip sheets designed for clinicians, to increase awareness about concepts and preferences of patients from many diverse cultures served by UWMC. Laminated copies should be in your care area. Tip sheets can be downloaded from:

<http://depts.washington.edu/pfes/cultureclues.html>

To prepare easy-to-read written materials:

- Use simple words, one to two syllables when possible.
- Use short, simple sentences.
- Use short paragraphs with one key point per paragraph.
- Write at the 6th to 8th grade reading level.
- Avoid medical jargon and overuse of acronyms.
- Define all technical words and medical terms.

People at all literacy levels prefer written materials that are simple and easy to understand.

Torticollis is due to abnormal functioning of the basal ganglia, which is situated at the base of the brain and controls all coordinated movements. This paired structure has been likened to a computer which executes a specific program for each individual movement. In spasmodic torticollis, the program for neck movement is at fault, and the neck muscles contract involuntarily in various combinations. Sustained contractions give rise to abnormal posture of the head and neck, while periodic spasms produce jerky head movements.

Before: This text is difficult for patients to understand.

Spasmodic torticollis (spaz-maw-dick tore-tih-call-iss) causes neck muscles to contract. Over time, this can cause posture problems of the head and neck. At times the spasms can produce jerky head movements.

After: This text conveys the same information in a simpler way.

- Use headings, subheadings, and bullets to guide your reader, and use plenty of white space.
- Write culturally sensitive text and use culturally sensitive graphics.
- Review material on a three-year cycle to ensure that it is medically accurate and current.
- Contact Patient and Family Education Services to assist you.



Patient and Family Education Services

will assist you with creating patient education handouts, including:

- Writing and editing.
- Formatting and layout.
- Illustrations and photos.
- Storage and distribution.

Contact us: **206-598-7498**, pfes@u.washington.edu
<http://depts.washington.edu/pfes>

To Learn More About Health Literacy

- Ask Me 3 – Partnership for Clear Health Communication:
www.askme3.org
- Harvard School of Public Health – Health Literacy Studies:
www.hsph.harvard.edu/healthliteracy
- Health Literacy: Information for Clinicians at University of Washington Medical Center: <http://depts.washington.edu/pfes/HealthLiteracy/HealthLiteracyUW.htm>
- National Institute for Literacy: www.nifl.gov
- National Literacy and Health Program, Canadian Public Health Association: www.nlhp.cpha.ca
- Pfizer Clear Health Communication Initiative:
www.pfizerhealthliteracy.com
- UWMC Patient Education Resource Toolkit:
https://departments.medical.washington.edu/Document/dept_uwmc_pcs/PFE/tocPFE1.htm

Bibliography available upon request.

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